

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|--------------------------|--|-----------------------------------|---|
| NAME OF FILER Colonel (ret.) Tom Umberg for Senate 2022 | | | Date of This Filing 11/08/2022 | Date Stamp Page 1 of 5 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562)983-0815 | I.D. NUMBER (if applicable) 1415628 | | Report No. 11-08-TU | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90802 | No. of Pages 5 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 11/07/2022 | Zurich American Insurance Company Schaumburg, IL 60196 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,000.00 |
| 11/07/2022 | CalTravel Association PAC Sacramento, CA 95814 ID# 923507 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 |
| 11/07/2022 | Baxter Healthcare Corp. Deerfield, IL 60015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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| 11/07/2022 | Chevron Corporation and its subsidiaries/affiliates San Ramon, CA 94583 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,900.00 |
| 11/07/2022 | San Manuel Band of Mission Indians Los Angeles, CA 90071 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 |
| 11/07/2022 | Californians for Safer Neighborhoods Norwalk, CA 90650 ID# 1445789 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,900.00 |

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|---------------|--|---|---|-----------------|
| 11/07/2022 | California Hospital Association PAC Sacramento, CA 95814 ID# 790773 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 |
| 11/07/2022 | Wells Fargo & Company Employee PAC (C00034595) Minneapolis, MN 55402 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,900.00 |
| 11/07/2022 | SLF-HB Magnolia LLC(James O'Mally) Irvine, CA 92612 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 |

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|---------------|--|---|---|-----------------|
| 11/07/2022 | General Motors Company (C00076810) Washington, DC 20001 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 |
| 11/07/2022 | International Brotherhood of Electrical Workers PAC Local No. 11 Pasadena, CA 91101 ID# 822725 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$5,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

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| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
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